

216019598  
98656

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B6-042073	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/14/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 1131
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1133	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	STATE USE ONLY
B	59	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Cornhusker		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	05/14/2016
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
				100.00 X State Fair Park Dr.		
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	08	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
		VEHICLE NO. 1				
F	1	DRIVER LICENSE NO.	G02054295		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER	RONALD L GADEKEN		PHONE 217-6638	LOCAL NO.
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP 631 W SAUNDERS AVE, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	09/09/1958
G	6	OWNER	RONALD L GADEKEN		PHONE 217-6638	LOCAL NO.
		OWNER ADDRESS	CITY, STATE, ZIP 631 W SAUNDERS AVE, LINCOLN, NE 68521		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	1	LICENSE PLATE	PA NO. SSP139	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/O	1	VEHICLE	2015	MAKE Toyota	MODEL RXE	BODY STYLE Compact Utility
V2/O	3	VEHICLE ID NO. (VIN)	2T3RFREV7FW375418		INSURANCE COMPANY	State Farm
		TOWED TO	TOWED BY		POLICY NO.	055 8171-B15-271
		VEHICLE NO. 2				
I	1	DRIVER LICENSE NO.	H13412365		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	1	DRIVER	BRIAN GADEKEN		PHONE 217-6797	LOCAL NO.
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP 4300 Cornhusker #4A, Lincoln, NE 68504		DATE OF BIRTH (MM / DD / YYYY)	05/14/1991
J	01	OWNER	RONALD L GADEKEN / Brian Gadeken		PHONE 217-6638	LOCAL NO.
		OWNER ADDRESS	CITY, STATE, ZIP 631 W Saunders, Lincoln, NE 68521		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB
V1/Q	4	LICENSE PLATE	PA NO. UAC239	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V2/Q	1	VEHICLE	1994	MAKE Toyota	MODEL UCL	BODY STYLE 4 door Sedan
		VEHICLE ID NO. (VIN)	4T1SK12E3RU443925		INSURANCE COMPANY	State Farm
K	01	TOWED TO	TOWED BY		POLICY NO.	113 8264-D01-27
		3645 Adams	Pauls Towing			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	2	NAME ADDRESS		05/14/1991		01 1 07 3 2 M
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
			BryanLGH Medical Center West (Lincoln General)	Lincoln Fire & Rescue		
VEH. #		NAME ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #		NAME ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-042073**



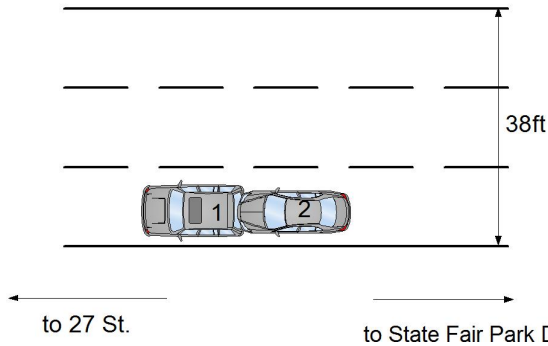
Indicate  
North  
by Arrow

*Not To Scale*



POI - 100ft. west of the west curb of State Fair Park Dr.  
28ft. south of the north curb of Cornhusker

w/b Cornhusker



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D#1 stated he was w/b on Cornhusker when the vehicle in front of him abruptly began to slow/stop. D#1 stated he began to slow/stop at which time the back of his vehicle was struck by the front of V#2. D#2 stated he was w/b on Cornhusker behind V#1. D#2 stated V#1 then began to suddenly slow/stop at which time he began slow/stop. D#2 stated the front of his vehicle then struck the back of V#1.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		Driver No. 1	1	Driver No. 2	Pedestrian	
1				X	Cornhusker	POINT OF IMPACT	05	POINT OF IMPACT	01	1	2	3	4	Y		Y		Y
2				X	Cornhusker	MOST DAMAGED AREA	05	MOST DAMAGED AREA	01	4				N	X	N	X	N
1	11				06 Turning left					1	2	3	4	BAC LEVEL				
2	11				08 Entering traffic lane					5	6	7	8	ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2	
					01 Essentially straight ahead	00 None	02	03	04	1 None used - vehicle occupant		1		1		1		
					02 Backing	09 Top & windows	01	05		2 Lap & shoulder belt used		2		2		2		
					03 Changing lanes	10 Undercarriage				3 Shoulder belt only used		3		3		3		
					04 Overtaking/ Passing	11 Total (all areas)				4 Lap belt only used		4		4		4		
					05 Turning right	12 Other				5 Child safety seat used		5		5		5		
					13 Unknown	08	07	06		6 DOT approved helmet used		6		6		6		
										7 Costume helmet used		7		7		7		
										8 Restrained use unknown		8		8		8		
										9 Restrained use unknown		9		9		9		
OFFICER NO. <b>1185</b>					TROOP/ TEAM/ BEAT <b>6</b>	DEPARTMENT <b>Lincoln Police Department</b>				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF REPORT <b>05/14/2016</b>				
INVESTIGATOR NAME (Print or Type) <b>Jeff Hillabrand</b>					INVESTIGATOR SIGNATURE <b>Approved by Ofc. Jeff Hillabrand</b>													